



The Office of:
TINA GLEESON
COUNTY ASSESSOR

MOBILE HOME TRANSFER.

(This form needs filled out when there is a change in ownership.)

Date: _____

*Parcel Number: _ _ - _ - _ - _ - _ - _ - _

*Mobile Home Address: _____

*Seller Name: _____

*Buyer Name: _____

Tax Mailing Address: _____

(Address where taxes need to be sent to)

Assessor Stamp:

Signature

Assessor's Office Signature